

Physiotherapy and sick leave in patients with chronic low back pain

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**Physiotherapy and sick leave in patients with
chronic low back pain**

Jan Pieter Kool, 13 december 2005

1. Chronic low back pain is not a diagnosis (*this thesis*).
2. Experts recommend early intervention to prevent chronic LBP-related disability. This recommendation is not supported by the finding that exercise is more effective in patients with a longer history of work absenteeism (*this thesis*).
3. Treatment focusing on pain reduction is not effective (*this thesis*).
4. Physiotherapists are traditionally trained to find abnormal signs in nearly everybody's back. Function-centred treatment requires physiotherapists to repeatedly explain to patients that there is 'nothing wrong' with their backs (*this thesis*).
5. Patients with inconsistent performance in functional capacity testing are not lying (*this thesis*).
6. Functioning determines form in the living organism (Charles Darwin 1859)
7. The title of Gordon Waddell's book, 'The back pain revolution', suggests major advances in patient outcomes. This is a misinterpretation.
8. Ethical committees frequently prevent untreated control groups in physiotherapy research. Unfortunately, they are unable to assist patients in receiving treatment if health insurances are not willing to pay.
9. The forward-bended posture on a mountain bike, compared with the upright posture on an old fashioned bicycle, illustrates that product development does not guarantee product improvement.
10. Funding for research increasingly requires cooperation of research groups; this may lead to inefficient research.
11. Daily magazines and scientific journals share one important problem: the impression we get about the real world is distorted by publication bias